EXHIBIT 26
DATE 1-21-11
HB 68

Testimony on HB68
Human Resources Committee
21Jan11

Good afternoon. My name is Edwin L. Stickney. My Montana medical license #2687 was granted on examination by the Board of Medical Examiners on the 6th of April, 1955.
I practiced Family Medicine 5 ½ years in Broadus, 37 years in Miles City and 13 months in Billings before retiring in 1999. In 1968 I was president of the Montana chapter of the Academy of General Practice (the next year it became the American Academy of Family Physicians), and in 1986 I was president of the Montana Medical Assn.

I want to cover the following areas in my testimony:

1. Marijuana is an extraordinarily effective medication in areas covered by the existing law.
2. All recommendations should be granted only by face-to-face encounter with the patient and the physician must fill out the recommendation.
3. Examination of the medical record is the only necessary criterion for recommendation.
4. Only one physician is needed for each recommendation.

#1. I have been granting recommendations for about four years. During that time I have approved about 400 patients and denied about 20 as being ineligible. As patients come in for renewal, I generally quiz them regarding their use of marijuana. Without exception they report marked reduction or entire elimination of their use of prescription narcotics. Elimination of muscle spasms and better sleep habits are also frequently reported. Though marijuana does not always completely relieve pain, their usual comment is "my pain isn't all gone, but it no longer rules my life." There is no doubt in my mind about the multiple values of marijuana as a medication.

#2. Requiring face-to-face interviewing by the doctor with patients should within the space of a year reduce or eliminate the abuse inherent in the use of Skype or the Internet. The physician should then fill out the recommendation and sign it him/herself.

#3. Severe or chronic pain cannot be documented by physical examination. Therefore, such diagnoses as "degenerative disc disease," "severe spondylolishesis," etc., with accompanying MRI or X-ray reports, the history of the prescription of narcotics for the relief of pain, etc, become the documenting instruments, NOT the physical examination.

#4. The majority of patients I have seen have commented or complained about the difficulty of obtaining a recommendation—not that their condition is questionable, but that it had been difficult to find a doctor. To require two physicians signing on for pain certification might well sound the death knell of this act. Because adequate records constitute such a reliabletool for eligibility, to have a reputable physician examine them in a face-to-face interview and then sign off on the recommendation will provide more than adequate guarantee of a fair and equitable system which can be relied on.

a. Acute intoxication – psychomotor impairment, euphoria, nausea, dysphoria, tachycardia, anxiety, paranoia
b. Impaired cognition, memory, attention, educational/occupational function
c. Lifetime risk of developing marijuana dependence in approximately 10% of users
d. Physical withdrawal including irritability, anger, anxiety, depression, insomnia, weight loss, stomach pain, marijuana craving; withdrawal peaks at 2-6 days, lasts 4-14 days
e. High rates of marijuana treatment admissions for teens and young adults
f. Risks associated with smoking such as tar and other toxic substances
g. Drug interactions – additive sedation and tachycardia, high protein binding, induces cytochrome P450 1A2 metabolism of some other drugs
h. Increased risk of fatal car crashes
i. Increased risk of developing schizophrenia

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6. Hall W, Degenhardt L. Adverse heatlth effects of non-medical cannabis use. Lancet 2009:374;1383-91
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